



2021-22 Associate Membership Form

Business Information

Contact Name: _____ Business Name: _____

Address: _____

Phone: _____ Email: _____ Website: _____

Description of Business:

Business Category: (please select one)

- Service Companies Manufacturing Marketing & Media Food & Beverage Design & Construction Insurance/Real Estate/Finance Other

Membership Type

11 or more employees (\$250): _____ 10 or fewer employees (\$125): _____

Payment

Please check one:

Enclosed is a check for the total amount due, payable to Ski NH. Form and payment may be mailed to Ski NH Attn: Accounts Receivable, PO Box 521, Conway, NH 03818.

Charge my credit card for the total amount due. Forms may be emailed to Kathleen@SkiNH.com. You may also call in your credit card payment by calling Kathleen Harrigan at 603.745.9396, x201.

- VISA MasterCard American Express Discover

Name as it appears on your card: _____

Card Number: _____ Exp. Date: _____ Sec. Code: _____

My signature below indicates my acknowledgement that I will be charged for a 2021-22 membership through June 30, 2022.

Signature: _____ Date: _____

Questions? Contact Kathleen Harrigan at 603.745.9396 x201 or Kathleen@SkiNH.com.